

FINAL NOTICE

Date: [Insert Date]

To: [Patient Name]

Address: [Patient Address]

City, State, Zip: [City, State, Zip]

Re: Follow-up Requirement for Mammogram performed on [Date of Exam]

Dear [Patient Name],

This is our final attempt to contact you regarding your recent mammogram. Our records indicate that we have not yet scheduled the necessary follow-up imaging or consultation recommended by the radiologist.

It is important to complete these additional tests to ensure an accurate evaluation of your breast health. Please contact our scheduling department immediately at [Phone Number] to make an appointment.

If you have already had this follow-up performed at a different facility, please let us know so we can update your medical records. If you choose not to pursue further testing, we recommend discussing this decision with your primary care physician.

Your health is our priority. We look forward to hearing from you soon.

Sincerely,

[Clinic Name]

[Department Name]

[Phone Number]